

CLAIMS ONLY							Application Number		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51	/		
2		/					52		/	
3		/					53		/	
4		/					54		/	
5		/					55		/	
6		/					56		/	
7		/					57		/	
8	/						58	/		
9		/					59	/		
10		/					60	/		
11		/					61	/		
12		/					62	/		
13		/					63		/	
14		/					64		/	
15	/						65		/	
16		/					66		/	
17		/					67		/	
18		/					68		/	
19		/					69		/	
20		/					70		/	
21		/					71		/	
22		/					72		/	
23		/					73		/	
24		/					74		/	
25		/					75		/	
26		/					76		/	
27	/						77		/	
28	/						78		/	
29	/						79		/	
30	/						80			
31	/						81			
32	/						82			
33	/						83			
34		/					84			
35		/					85			
36		/					86			
37		/					87			
38		/					88			
39		/					89			
40		/					90			
41		/					91			
42		/					92			
43		/					93			
44		/					94			
45		/					95			
46		/					96			
47		/					97			
48		/					98			
49		/					99			
50		/					100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			

BEST AVAILABLE COPY